

1. Customer Details										
First Name:				Last Name:						
Do you have an online account with us? Please put a X				YES:			NO:			
Preferred Phone No.				Date of refund request:						
Email address:										
Postal Address:										
Line 1										
Line 2										
Town/City										
County										
Post Code:										
2. Request Category										
Refund request Category (Please put a X):	Product			Service			Download			
	Shipping			Training			Other			
2. Details of the Request:										
Order Number:										
Date of order:										
Payment method: (X one)	Debit Card			Credit Card			PayPal			
Product or Service:						Product ID/SKU No.				
Reason for the refund request (please put an X in all that apply):	Item is damaged			Item doesn't work			Wrong product ordered			
	Product no longer req'd			Missing parts			Unauthorised purchase			
							Wrong product delivered			
							Product description on website not accurate			
I confirm I have read the Terms of Sale policy regarding refunds (please put an X in one only)				YES			NO			
<i>By submitting this form you agree that the refund if authorised shall be sent to the account that was originally used to purchase the item</i>										
Office use only										
Refund request processed by:										
Name:				Date received:						
Method: Please put a X										
Direct E-mail			Website email			Post			Phone	
Product returned date					Product inspected by					
Refund authorised Y/N										
			In Dispute Y/N				Refund refused Y/N			
Action/s taken and/or reasons for outcome:							By Who:			
Date action completed:					Customer notified: Y/N				Date:	
Signature:					Name:					
Note for office Staff:										
This signed form is to be retained and archived in accordance with our Privacy and Terms of Sales policies.										

